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ABSTRACT

A study was undertaken to evaluate the benefits derived by speech and language pathology students who used video tape recordings to learn diagnosis of communication disorders, to observe professional therapists and therapy programs, and to improve their own clinical techniques through self-observation. The use of video tapes to teach clinical skills was very highly rated by graduates of the program. A faculty evaluation also indicated that the tapes were perceived to be a valuable teaching tool. This document provides copies of the evaluation instruments, and it summarizes the results of the surveys. (EMH)

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THE USE OF VIDEOTAPE RECORDINGS TO TEACH CLINICAL SKILLS (EVALUATION AND REMEDIATION) IN THE FIELDS OF COMMUNICATIVE DISORDERS

A Study supported by
a grant from the
EXXON EDUCATION FOUNDATION

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Project Director

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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IR003406

The EXXON Education Foundation funded a project entitled "The Use of Videotape Recordings to Teach Clinical Skills (Evaluation and Remediation) in the Fields of Communicative Disorders" in the Summer of 1973. This project was conceived as a means to explore the use of videotape equipment as a teaching tool in a clinical training program. While an attempt was made to provide a rather loose framework for the project, from its inception those who participated in its completion were encouraged to use the tool as they saw fit in teaching a variety of communicative disorders theory and practicum courses. No professional production techniques were employed, no scripts were written; it was realized from the beginning that the tapes would probably be of uneven quality due to restrictions of the environment in which the tapes were produced, equipment limitations and limited technical skills of those engaged in their production. Among the unanticipated problems that arose were the mysterious "disappearance" of the video monitor (replaced by the University), the "demise" of the recording head from constant use (also replaced after some delay with paper work), delays caused by magnatization of the heads, and personnel changes during conduct of the program.

This report is a description of the project: its accomplishments and shortcomings.

PURPOSE

The primary purpose of the project was to utilize portable videotape recording equipment, with its capacity to capture events as they occur, to

train students enrolled in undergraduate and graduate clinical practicum courses in speech and language pathology and audiology in the following areas:

1. Recognition of the various categories of human communication disorders;
2. Evaluation techniques used in determining the nature and extent of the various communicative disorders;
3. Prognosis for success of various individuals in specific types of therapy programs and selecting suitable therapy programs for given communication disorders;
4. Evaluating total case management: intake to dismissal;
5. Evaluating actual therapy sessions.

The second objective of the program was to accumulate a body of videotape recordings illustrative of the various human communication disorders for teaching purposes in theory courses.

Tape sharing with other educators in the field of speech pathology/audiology and in related fields (psychology, sociology, education, special education and nursing) was also planned as was sharing of tapes with professional workers in this and related fields for in-service workshops.

It was hypothesized that use of videotape equipment would enhance the training of clinicians by expanding available observation experiences and permitting a more in-depth analysis of various facets of case management than was possible using the more traditional lecture methods.

METHOD

Subjects. Undergraduate students classified as freshmen through senior level enrolled in the Speech Pathology and Audiology curricula (Education and Arts programs) were shown a variety of videotapes in their clinical practicum and in selected courses (Introduction to Communication

Disorders, Stuttering, Aphasia). Senior students majoring in elementary education who were enrolled in the Survey of Speech Disorders course were also shown selected videotapes illustrative of the disorders about which they were learning. Because enrollment in these classes was usually larger than in the pre-professional speech pathology/audiology classes, more elementary education students were exposed to the use of the videotape recordings than were speech pathology/audiology students.

Equipment. All videotapes produced for the project used a Sony Video Camera Ensemble Model AVC-3200 DX mounted on a tripod dolly coupled with a Sony 1/2" Videocorder, Model AV-3650. Playback employed a Sony Portable Monitor/TV Receiver Model CVM-192 mounted on a roll-about cart. Eighty 30-minute play-time videotapes and twenty 60-minute play-time tapes were ordered for the first year of the project. An additional twenty half-hour play-time tapes were added for the second year of the project. All tapes were black and white.

Procedure. Videotape recordings were made of selected clients seen and of procedures used in the USL Speech and Hearing Clinic. During the first year of the project, senior students majoring in Broadcasting were assigned to do the videotaping (at direction of the project staff members) and to provide routine equipment maintenance. Thereafter, student aids assigned to the Speech and Hearing Clinic were assigned those duties.[1]

Faculty members began showing videotapes selected for their various class purposes as soon as the first six had been produced. Each instructor and each member of his class filled out an evaluation form after a tape

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[1]A list of tapes accumulated for the Project Library is found in Appendix A.

had been shown to a given class. These instruments were designed with the assistance of the Statistics Laboratory staff of the University. The faculty used a 10-item rating instrument. Students in the first year of the project completed a 20-item rating instrument which was redesigned in the second project year to include an additional five items relating to the background the student brought to the viewing of the tape.[2]

Use of the tapes was entirely discretionary with each faculty member for each course taught.

During the Fall of 1975, graduates of the Speech Pathology/Audiology program who participated in the project during their training were contacted and asked to rate the use of the tapes to teach clinical skills, citing the areas in which the tapes were felt to have been most useful during the training program. Each graduate was also asked to provide a narrative statement about the use of the method in teaching clinical skills at the undergraduate/graduate levels.[3]

RESULTS

A tape library of videorecordings was accumulated during the project period. In addition to capturing examples of specific communicative disorders and clinical procedures for future instructional use, student clinicians had limited access to the equipment for evaluation of their own skills in specific clinical situations. By videotaping a clinic session (or a portion thereof), the student clinician was able to replay the segment while rating his/her performance using the Boone-Prescott "Content and Sequence Analysis of Therapy Events."

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[2] A copy of each evaluation instrument used is found in Appendix B.
[3] A copy of this rating form is included in Appendix B.

Student evaluation instruments used in compiling the statistical data totaled 746; this number undoubtedly included some students who rated selected tapes as lower classmen and later upper classmen. Some instruments were invalidated for purposes of analysis due to improper completion of identifying information. A total of eight different faculty members[4] participated in the project at various times.

Not all tapes in the library were used for evaluation purposes since use of the tapes was optional with instructors. Some tapes were more popular than others in a general sense and others were popular with faculty teaching certain classes or certain levels of students but not with the same instructors teaching other classes or other levels of students.

Tape sharing has been limited.[5] The Department of Psychology has used selected tapes to illustrate psychosocial aspects of communicative disorders and has participated in producing a videotape illustrative of administration of selected portions of the Wechsler Intelligence Scale for Children. Two in-service workshops for speech pathologists conducted by Dr. Jean Boudreaux employed tapes made for this project. These workshops were designed to train professionals in the use of the Porch Index of Communicative Ability and the Illinois Test of Psycholinguistic Abilities. The PICA workshop was held on the campus of this university, while the ITPA workshop was held as a continuing education workshop in conjunction with the Louisiana Speech and Hearing Association.

Equipment sharing has been somewhat more common, although limited to the restricted time slots when the equipment was not being used specifically

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[4] Listed in Appendix

[5] The major problem with tape sharing is the lack of compatible equipment in other colleges and universities. The desire to exchange tapes of interest is present among staff of several speech pathology/audiology training programs in Louisiana, but the 1/2" VTR playback equipment is not commonly found in their schools.

for preparing tapes or showing them as part of this project. Most notably, the playback equipment was used in a non-credit course in Manual Communication with the Deaf. The videotapes used were produced by Gaulladet College and shown to about 120 students who voluntarily attended the class to develop skills in sign language. On rare occasions, the equipment has been loaned to the Department of Architecture for in-service training and to the Department of Foreign Languages for a special class. No requests for use of the equipment have been made by other departments.

DISCUSSION

Analysis of data gathered from faculty evaluation instruments indicates that the project was successful in the opinion of the instructors involved. Items on the instrument were rated on a scale of 1 to 7, with 1 representing "strongly agree" and 7 representing "strongly disagree". The ten items included on the faculty evaluation instrument have been divided into three categories relating to project purposes, and data are presented in Table 1.

It will be noted that although responses varied widely among instructors on the item reading "The discussion following the VTR showing demonstrated that students achieved greater insight into the problem (or technique) than they had obtained from class (lecture)", mode responses of 1.0 were recorded for the same instructors rating the same videotapes on three other items: "The filmed presentation of the case...promoted a better analysis, critique, or understanding than an on-the-spot observation would have." "Viewing this filmed presentation will have a constructive effect on the student's clinical competency," and "I recommend that this VTR be used in teaching this subject matter in the future."

While the faculty generally indicated their feeling that the VTR's were

at least as effective as an on-the-spot observation, their rating of this item did not imply that the use of VTR's could replace observation of live therapy sessions. A combination of VTR instruction along with opportunities for observation of live clinical activities is implied as being preferred by the instructors.

Instructors rated improvement in student skill acquisition through VTR instruction as a positive result of the method.

The tool used in the first year of the project for student evaluation of the videotapes was a 20-item instrument, using a scale marked

"Strongly Agree Strongly Disagree"
3 2 1 0 1 2 3

Although first approved by the consultants in the Statistics Lab, it was later suggested that a scale marked

"Strongly Agree Strongly Disagree"
1 2 3 4 5 6 7

would be a more reliable tool for the purposes of data collection and analysis.

Student evaluation instruments were redesigned and incorporated the suggested scale and an additional five questions suggested by various participating faculty members as being of some value in the ultimate review of the project. All 20 of the original questions were retained on the revised instrument, although their order was changed. In Table 2, the first of the parenthesized numbers following each item relates to the item number on the 20-item instrument, and the second refers to the item number on the revised 25-item instrument.

Data are reported for some items in Table 2 for selected groups of students. For example, some items in Category III were clearly inapplicable to elementary education majors, and their ratings for those items only were

Table 1.
Faculty Evaluation of Videotapes

Program Purposes and Items Rated*	Mode	Comments
I. Program design as related to stated purposes		
The VTR provided an opportunity for students to observe clinical procedures not ordinarily available for live observation (1)	1.00 Strongly Agree	Majority of all R's were 1's and 2's
The subject matter presented in the VTR was illustrated in a clear, concise manner (3)	2.00	Majority of all R's were 1's and 2's
I recommend that this VTR be used in teaching this subject matter in the future (10)	1.0	Majority of all R's were 1's and 2's
II. Student improvement in skill acquisition under the program		
Viewing this filmed presentation will have a constructive effect on the student's clinical competency (9)	1.0	Majority of all R's were 1's and 2's
The filmed presentation of the case (or clinical procedure) promoted a better analysis, critique, or understanding than an on-the-spot observation would have (5)	1.0	Majority of all R's were 1's and 2's
III. Efficiency of method vis-a-vis traditional approaches in developing clinical skills		
The activities presented in this VTR were relevant to class discussions (2)	1.0	All responses were 1's and 2's
The discussion which followed the VTR showing indicated that the VTR clarified material/techniques previously presented in class (4)	Bimode: 1.0 1.5	Majority of all R's were 1's and 2's
The discussion following the VTR showing demonstrated that students achieved greater insight into the problem (or technique) than they had obtained from class lectures (7)	6.0	While the mode was 6.0, there was nearly an equal number of R's in 1-2 range, 3-4 range and 6-7 range. See text for further discussion of this item.

Table 1 (continued)

Program Purposes and Items Rated*	Mode	Comments
The subject matter presented in the VTR could more effectively be presented in a lecture (6)	6.0	Majority of R's were 6's and 7's
An on-the-spot observation of the activity illustrated would have been more effective (8)	4.0	Majority of R's were in 4-7 range

*Numbers in parentheses refer to item # on evaluation form.

Table 2
Student Evaluation of Videotapes

Category of Items and Items Rated*	Weighted Means	Comments
CATEGORY I: Items related to technical and aesthetic quality of videotapes --		
The subject matter presented in the tape was illustrated in a clear, concise manner. (4,8)	1.92	
The techniques demonstrated were difficult to follow because they were not clearly illustrated. (18,19)	5.49	
CATEGORY II: Items related to appropriateness of VTR to instructional purposes/ course content --		
The activities presented in this videotape were relevant to class discussions. (1,6)	1.41	
My background is adequate for a complete understanding of the videotape. (2,1)	3.15	
The subject matter presented in this film could be more effectively presented in a lecture. (16,22)	5.09	
An on-the-spot observation of the activity illustrated would have been more effective. (19,24)	4.02	
The videotape provided me with information which I might not have been able to acquire in any other manner. (20,25)	2.38	

Table 2 (continued)

Category of Items and Items Rated*	Weighted Means	Comments
After viewing the film I feel more competent in evaluating the effectiveness of clinical techniques. (6,10)	2.74	Elementary education student mean scores excluded for this item.
This videotape provided me with new insights into the practical application of my academic training. (7,11)	2.44	
My own clinical techniques will not be changed appreciably as a result of having seen this videotape. (8,12)	3.78	Elementary education student mean scores excluded for this item.
The videotape answered questions which I had about the procedures illustrated in the film. (9,13)	2.50	
As a result of viewing the tape, I will be more able to discuss the techniques shown with other professionals. (10,14)	2.51	Elementary education student mean scores excluded for this item.
As a result of viewing the tape, I realize I should have handled previous clinical situations differently. (11,15)	3.50	Freshman and sophomore speech pathology/audiology student mean scores and elementary education mean scores excluded for this item.
Viewing the tape will make me more objective in the application of the principles illustrated. (12,16)	2.38	Elementary education student mean scores excluded for this item.
Parental conferences relevant to the subject matter presented will be more productive as a result of seeing this videotape. (13,17)	2.56	Elementary education student mean scores excluded for this item.

Table 2 (continued)

Category of Items and Items Rated*	Weighted Means	Comments
Further class discussion prior to viewing the videotape would have increased my understanding of the material presented. (,2)	3.82	
Previous homework assignments in the course contributed to my understanding of the videotape. (,3)	3.22	
The textbook used in the course helped make the material presented in the videotape more meaningful. (,4)	2.77	
I would have derived more benefit from the videotape if I had (had) additional courses relevant to the subject presented. (,5)	3.34	
As a result of seeing this VTR, I have a desire to learn more about the subject presented. (,20)	3.34	
CATEGORY III. Items related to observational skills and clinical competencies --		
I developed new ideas for clinical approaches as a result of seeing this videotape. (3,7)	2.59	Elementary education student mean scores excluded for this item.
As a result of seeing the videotape, I am better able to understand the reason for using clinical procedures illustrated. (5,9)	1.92	

*First parenthesized number correlates with item number on 20-item instrument used in first project year, second number correlates with item number on 25-item instrument used in second project year.

Table 2 (continued)

Category of Items and Items Rated*	Weighted Means	Comments
The videotape helped me to be more objective in the evaluation of clinical techniques used by others. (14,18)	2.15	Elementary education student mean scores excluded for this item.
The videotape did not change any of my ideas regarding clinical practices. (17,23)	4.29	
CATEGORY IV: Item related to over-all evaluation of VTR's effectiveness --	1.73	
I recommend that this videotape be used in teaching this subject matter in the future. (15,21)		

excluded from the reported data. Likewise, items referring to previous clinical management experiences were inapplicable to freshman and sophomore students, and data for lower classmen were not reported for those items. All exclusions are noted in the "comments" column.

Twenty-three graduates of the speech pathology/audiology training program responded to the request that they assist in preparing the final evaluation of the project. Five of the 23 respondents hold the Master's degree in communicative disorders, nine are actively enrolled in graduate training programs either part-time or full-time, and the remaining nine are employed full-time in the remediation of communication handicaps in state institutions, public school systems or community agencies. Fifteen of the 23 had had at least two semesters of exposure to the videotapes; five had had at least one semester of exposure at the undergraduate level, and 3 had had exposure only at the graduate level.

Ten of the graduates rated the use of the videotapes to teach clinical skills as "Superior" and eleven related their use as "Excellent". One graduate gave a rating of "Fair" and one a rating of "Good".

Table 3 presents date on opinions of program graduates as to the usefulness of the videotapes in teaching specified clinical skills.

The opportunities for expanded observational experiences was frequently cited as being a positive aspect of this project. Neither limited observational space in the clinic nor the student clinician's class schedule need interfere with his access to a wide range of disorders--thus the individual student benefits. Since it is possible for an entire class of students to view a selected tape (rather than the few who might fit into the observation room at a given time), all students in the class benefit from seeing the same sequence at the same time. The instructor can thus guide the observation

of aspects of the sequence he wishes the class to note. More students have access to observing unusual types of communicative disorders than would be possible using live observations only.

The second most frequently mentioned advantage to the VTR system was the superiority of the VTR as a self-evaluation tool for the student-clinician and for the supervisor of that clinician. A diagnostic session or a therapy session can be recorded as it occurs, and the clinician and supervisor can review the session at their convenience, making supervision and self-evaluation more meaningful to all involved.

Comments of program graduates regarding their impressions of the project are included in Appendix B following the sample graduate evaluation form.

TABLE 3
Rank order of usefulness of VTR's to teach specified clinical skills.
N: 23

Task	Rank	Number
To illustrate particular category of communicative disorder	1	21
Critique of therapy procedure	2	19
Critique of evaluation procedure	3	18
Teaching an evaluation technique	4	15
Teaching the administration of a particular test	4	15
Teaching a therapy technique	5	13
Other	6	4
Instruction in manual communication		(2)
Previewing a client's behavior prior to initiating therapy with him		(1)
Availability of lecture by instructor in his physical absence		(1)

CONCLUSIONS

Weighted mean scores reported for students in training indicate that VTR usage is accepted as a beneficial instructional tool. Program graduates who participated in the project tended to rate the tool as being considerably more valuable in retrospect than they did while in the training program. Faculty participants rated the usefulness of the VTR's higher than did their students. Ratings of program graduates tended to support the faculty's higher ratings of VTR as a device to teach clinical skills.

Program graduates and faculty alike reported that one of the most effective uses of VTR as a teaching tool was in assessment of the student clinician's performance in specific clinical situations. Using the Boone-Prescott Analysis of Clinical Events[6], the student clinician and his supervisor were able to review the diagnostic or therapy session in an objective manner, identifying elements of the session that were handled well and those that needed modification in future sessions.

Unfortunately, because only one VTR unit was available, very few students were exposed to this procedure. The majority of students who participated in this aspect of the program were seniors or graduate students whose clinical skills would be presumed to be more advanced than those of the other student clinicians.

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[6]Forms included in Appendix B

RECOMMENDATIONS

In light of the importance of these elements, as assessed by program graduates and faculty members, it is recommended that the Exxon Education Foundation give serious consideration to making supplemental funds available for the purchase of five additional VTR units to be used in this training program.

That only one VTR unit was available during this project was a severe restriction. The leverage of additional units would extend the effectiveness of the tool by increasing the number of students reached for: 1. supervisor-clinician evaluation of clinical skills; 2. self-evaluation of clinical skills; and 3. observation of the spectrum of human communicative disorders. Additional research into development of clinical skills during training could be undertaken in a systematic fashion.

With additional equipment, cooperative projects could be undertaken between this training program, the Department of Psychology, and the Department of Special Education to the benefit of students of all programs.

APPENDIX A

VIDEO TAPES AVAILABLE
FOR TEACHING PURPOSES
IN THE
USL SPEECH AND HEARING CLINIC

30 minute tapes on PICA

Tape No.	Name	Subject
4	Mark Domingue	PICA Testing
5	Mr. Pontenot	PICA Testing
6-10	Various responses	PICA Subtests
21, 22	Thomas Smith	2nd PICA
43	Mark Henderson	PICA - Impulsive Behavior
63	Unidentified	*PICA - Poor Quality
68	Temus Bonnette	PICA Testing

60 minute tapes on PICA

1	Kelly Phillips, 9	PICA
4	Alphonse Moore, Anuerism with SN loss	PICA
5	Alphonse Moore	cont. from 4
6.	Mabel DeMary, Stroke	PICA
7	Clyde Aguillard, Shrapnel Trauma	PICA
8	Mrs.Frank Melton, Stroke	PICA
9	Authur Miller, Disease	PICA
10	Francis Benedict, Occluded Carotid Artery	PICA
15	Mrs. Brown, 52, Aphasic	PICA
17	Francis Benedict	PICA
37-40	JRB's Office	PICA

30 minute tapes on Hearing Disorders

3	Venable	Otosclerosis - discussion of pre- and post- op. audiograms
13	Documentary	"Never to Hear the Wind"
26	Alvarez, Burke	Prelingually Deaf - Case history, Test findings & parent counseling
46	Unidentified child	Pure tone Play Audiometry
50	C. Fitzpatrick, P. Jardell	Speechreading test, Discussion of loss due to Cerebellar-Pontine tumor
52	Sean Daly	Therapy Session
55	Sean Phillips	Therapy Session
57	S. Phillips & S. Daly	Group Therapy
59	S. Phillips & S. Daly	Group Therapy

60 minute tapes on Hearing Disorders

16	Patrick Donolan, Del. Lang. Deaf Parents	Therapy & counseling session
26	David Ragsdale, 2½, HOH	Therapy session
27	Rhonda Fung, Angela Hidalgo	Pre-school class for Deaf - Mrs. Heatherwick
31	Brian Pipkin	HOH, Emotionally disturbed
32	Dr. Thomas Graves	Lecture on 8th n., Otitis Media, Otosclerosis
41	Chris Russell, 4½, HOH	Therapy session

Tape No.	Name	Subject
30 minute tapes on Voice, Esophogeal Speech, and Stuttering		
12	Unidentified	Nasality Exercises
16	C.J. Sellers	Dysfluent
24	Male & Female, 8	Hypernasal Speech Patterns
28	Wilma Noel, Stutterer	Interview re: feelings & symptoms of stutterers
30		Part II of 28
29	Schexnyder & Bowman	Esophogeal Speech - Group therapy
38	Short Course	Verbo-Tonal Method
42	Mr. Richard	Laryngectomy Techniques
53	Robert Billodeaux, Stutterer	Mower's Therapy
60	Donald Koetting, Stutterer	Therapy
67	Joe Richard	Esophogeal Speech
60 minute tapes on Stuttering		
23	Lester Batiste, 9	Therapy session
33	Chris Warner	Interview
30 minute tapes on Articulation, Language Delay, Therapy & Testing		
1	Eric Simon	Language Testing
2	Peter Schad	MR- therapy session
17		Utah Test
18	Tommy Faulk	ITPA
19	Nichole Sutton	NNST
20	S. Skaggs	PPVT, Goldman-Fristoe, Stimulability
23	S. Skaggs	Cont. from 20
25	Katie Mader	ACLC & PPVT
31	Amy Narcisse	Goldman-Fristoe, DAP, Bender, Language therapy
32	Part I: Female Subj.	Goldman-Fristoe
	Part II: Female Subj.	WISC Subtests
33		cont. from 32
34	Clyde Aguillard	WAIS
35	Kenneth Trumps Artic. & Voice	Discussion with parent
36	Part I: Charlie (Sp. Del.)	Language testing
	Part II: Kendra (Mod. - Severe H.L.)	Goldman-Fristoe, PPVT
37	Donna Boudreaux(Dysarthric)	Therapy session
39	Part I: Lecture Report	
	Part II: Chris	Language Therapy
44	Caesar Miller Language Delay	Diagnostic - Columbia, PPVT, ACLC
45	Caesar Miller	cont. from 44
47	Parents of Katie Madere Language-Artic.	Vineland (Parent Interview)
58	3 sets of twins	Diagnostic Evaluation - Speech and Language
62	Heinen Family	Diagnostics

Tape No.	Name	Subject
60 minute tapes		
2	Kelly Phillips	ITPA, Part I
3	Kelly Phillips	ITPA, Part II
14	Kelly Phillips	Profective Psych. & Achievement tests
19	Patrick - MR	Language testing
20	Scott Whipple	Language testing - ITPA, ACLC
21	Wayne Fabre, 6	Parent Interview and speech sample
24	Banks twins	Diagnostics on Language Development
25	Rachael Mire Connie Primeaux Mary Jesse	Group therapy - Delayed Language
28	Mark Domingue, 14	ITPA
29	Kevin Meaux	ITPA
30	Bowman & Sxhexnyder Adult Laryngectomies	Esophogeal Speech - Training session
34	Chad Pitts - Lang. Delay, EMR	Standard Test Battery
35	John Girouard, 6	Testing - Frostig, Hayworth
36	Unidentified - voice	*Rainbow Passage
41	Chris Russell	HOH - Autistic tendencies, Delayed Speech and Language

* Can be re-taped

Tape #	Name & Age	Problem	Tape Subject Matter	Quality	Time	Lead	Date
1.	Eric Simon, 5	Misartic.	Language Testing	Fuzzy			10/73
2.	Peter Schad, 14	MR - Unitell.	Therapy: Stimulating 1 word & short phrases	Good	32 m.		10/73
3.	Venable	Holt - Otosclerosis	Discussion of pre & post op. audiogram				10/73
4.	Mark Domingue, young adult		PICA	Good	24 m.		10/73
5.	Thomas Smith (Mr. Fontenot)		PICA	Good			10/73
6.	Variety of responses		PICA Test 1	Good	26:40		
7.	Variety of responses		PICA test 2	Good	21:20		
8.	Variety of responses		PICA Test 5	Good	28:32		
9.	Performances on PICA		Verbal Subtests 4, 9, 12	Good	27:04		
10.	Performances of Aphasia patients		PICA Subtests 6, 11		13:14		
11.	missing						
12.			Nasality Exercises	Fuzzy	12 m.		11/73
13.	Film: Never To Hear The Wind						
14.	missing						
15.	missing						
16.	C. J. Sellers	Dysfluent	Discussion of Spch. problem	Good			11/73
17.			Utah Test	Good	18:30		11/73
18.	Tommy Faulk		ITPA	Good	33 m.		11/73
19.	Nichole Sutton	Lang. Delay	NSST	Good			10/75
20.	Steven Skaggs		PPVT, Goldman-Fristoe, Stimulab.	Good	23:30	yes	11/73
21.	Thomas Smith, 58	Aphasic, Mild	PICA - 2nd Generation	Good	23 m.		
22.	Thomas Smith, 58	Aphasic, Mild	PICA - 3rd Generation	Good			
23.	Steven Skaggs	(Same as 20)	PPVT, Goldman-Fristoe, Stimulab.	Good			
24.	Male & Female, 8		Hypernasal Speech patterns	Good	8 m.		12/73
25.	Katie Mader	Artic., Lang.	ACLC and PPVT				10/75
26.	Lisa Alvarez	HOH , SN loss	Case History, Test Findings, counseling	Good	27 m.		1/74
27.	Tommy Burke, 17 Dr. Boudreaux	Spch. 320	"Lang. Disorders" - Brain damaged child		29:53		
28.	Wilma Noel	Stutterer	Interview re: feelings symptoms				2/74

29.	Bowman and Schexnyder	Laryngectomy	Group Therapy Session	Fair	34 m.	3/74
30.	Wilma Noel	Stutterer	(cont. from # 28)		30 m.	2/74
31.	Amy Narcisse	Artic.	Bender, Goldman-Fristoe, DAP	Fair	30 m. yes	3/74
32.	I. Female	Mod. Artic.	Goldman-Fristoe Stimulability	Good	17:15	
	II. Female, 10		WISC Verbal Subtests			
33.	Female, 10		WISC Subtests & DAP Part II of # 32	Fair	20:15	
34.	Clyde Aguillard		WAIS (See 60min. tape # 5 for PICA test)	Good	31:50	3/ 74
35.	Kenneth Trumps, 6	Voice, Artic.	Talking w/ parent	Fair	13:15	
36.	Charlie, 5 N/M	Severe Sp. Delay	Lang. Testing			
	Kendra, 6 W/F	Mod.-Sev. H.L.	Goldman-Fristoe, PPVT			
37.	Donna Boudreaux 14	Dysarthria - 2 mos. post-diabetic coma	Therapy - showing good receptive lang.	Good	22:50	4/74
38.	Short Course:	The Verbo-Tonal Method				
39.	I. Lecture Report					
	II. Chris	Language	Play Therapy			
40.	Boone Prescott Tape					
41.	Boone Prescott Tape					
42.	Mr. Richard adult	Laryngectomy	Therapy Techniques	Poor	8:55	
43.	Mark Henderson, 15	Congenital B.D., Emotional Prob.	PICA - Experimental Impulsive behavior		33:55	8/74
44.	Caesar Miller	Sev. Expressive Lang. Disorder	Diagnostic: Columbia PPVT, ACLC	Good	32:35 yes	9/75
45.	Caesar Miller	(Cont. from 44)	Gen. Lang. Observation ACLC cont.	Good	18:10	9/75
46.	Child		Pure-tone Play Audiometry			
47.	Parents of Katie Mader	Lang, Artic.	Vineland			10/75
48.	Boone Prescott Tape					
49.						
50.	C. Fitzpatrick P. Jardoll		Speechreading Test Discussion of H.L. due to tumor			
51.	Carrol Keys, 3	Non-verbal, Lang. Delay	Therapy Session	Good	28 m. yes	3/75
52.	Sean Daly, 1	Non-verbal HOH	Therapy Session	Good	30 m. yes	3/75
53.	Robert Billodeaux 21	Severe Stutterer	Therapy - Mower Variation	Good	25 m. yes	3/75
54.	Julia Palmer	MR - Lang. Delay and Aud. Processing	Therapy Session	Good	28:10 yes	3/75
55.	Sean Phillips, 2	Profound H.L.	Hearing Therapy	Good	15 m. yes	3/75

56.	Caesar Miller, $4\frac{1}{2}$	Del. Lang. and Artic.	Therapy Session	Good	25 m. yes	3/75
57.	Sean Phillips Sean Daly	Profound H.L.	Group Therapy	Good	23:15	6/75
58.	Paul & Pithasis Kevin & Keith David & Tommy	Twins - Diag. Eval. - Sp. & Language	Diag. Evaluation	Good	31:35	7/75
59.	Sean Phillips Sean Daly	Profound H.L.	Group Therapy	Good	28:40	7/75
60.	Donald Koetting Adult	Stutterer	Therapy - Discussion	Good	25:25 w/ sound	
61.						
62.	Heinen Family		Diagnostics - Conversational Spch.	Good	yes	7/75
63.						
64.	missing					
65.						
66.						
67.	Joe Richard Adult	Laryngectomy	Therapy Techniques	Good	yes	7/74
68.	Temus Bonnette 60's	Aphasic	PICA Adminis.	Fair	no	10/74
69.	Shane Domingue 7	EMR - Sev. Emotionally Disturbed	Speech and Lang. Evaluation			
70.	Peter Kimelman 3	Delayed Lang.	Diagnostic Therapy	Good	27:30	7/75
71.	missing					
72.	missing					
73.	missing					
74.	missing					
75.	missing					
76.	Boone Prescott Tape					
77.	Boone Prescott Tape					
78.	Caesar Miller	Del. Lang.	Therapy Session			
79.						
80.	Boone Prescott Tape					

60 Minute Tapes

Tape #	Name & Age	Problem	Tape Subject Matter	Quality	Time	Lead	Date
1.	Kelly Phillips 9	B. D. - Lang. Del.	Experimental PICA	Good		yes	
2.	Kelly Phillips	"	ITPA, Part I	Good		yes	
3.	Kelly Phillips	"	ITPA, part II	Good		yes	
4.	Alphonse Moore 71	Aphasic - Aneurism & S.N.H.L. in L.E.	PICA	Good		yes	6/73
5.	Alphonse Moore 71	Aphasic	PICA	Good		no	
6.	Mabel DeMury 65	Aphasic - Stroke	PICA	Good		yes	7/73
7.	Clyde Aguillard 20's	Aphasic - Schrapnel Trauma	PICA	Good		no	
8.	Mrs. Frank Meleton, 80	Aphasic	PICA	Good		yes	6/73
9.	Authur Miller 20's	Aphasic - Disease Path.	PICA	Good		no	
10.	Francis Benedict 50's	Aphasic - Occluded Carotid Artery	PICA	Good	42 m.	yes	7/73
11.	Authur Miller	Aphasic	PICA	Good		yes	9/73
12.							
13.							
14.	Kelly Phillips 9	B.D. - Del. Language	Projective Psych. & Achievement tests	Good		yes	9/73
15.	Mrs. Brown, 52	Aphasic	PICA	Good	42m.	yes	9/73
16.	Patrick Donnelon		Diagnostics PPVT	Good		no	9/73
17.	Francis Benedict 50's	Aphasic	PICA				
18.	Speech 320 # 31 and # 32 - Lecture - Dr. Boudreaux						
19.	Patrick	M.R.	Language Therapy				
20.	Scott Whipple	Perceptual difficulties	Lang. Testing - ITPA, ACLC	Good		yes	10/73
21.	Wayne Fabre 6	Health prob., Lang. barriers, Emotional Involv.	Parent Interview & Speech sample	Good		yes	10/73

60 min. tapes cont.

Tape #	Name & Age	Problem	Tape Subject Matter	Quality	Time	Lead	Da
22.							
23.	Joseph L. Batiste 9	Stutterer	Stuttering Exam	Good		no	10/ 73
24.	Banks twins	Delayed Language	Diagnostics	Snowy		yes	11/ 73
25.	Rachael Mire Connie Primeaux Mary Jesse	Delayed Language	Group Therapy	Snowy		yes	11/ 73
26.	David Ragsdale 2½	HOH	Therapy Session			yes	
27.	Rhonda Fung Angela Hidalgo	Hearing Impaired	Pre-school class for Deaf - Mrs. Heatherwick				12/ 73
28.	Mark Domingue 14	Language Disorder	ITPA	Good		yes	1/ 74
29.	Kevin Meaux		ITPA	Good		yes	1/ 74
30.	Bowman & Schexnyder	Adult Laryngectomies	Group Therapy	Good		yes	2/ 74
31.	Brian Pipkin,7 T. Burke	HOH, Emotion. Disturbed					
32.	Dr. Thomas Graves, ENT		8th N., Otitis Media, Otosclerosis Lecture to 483 class			4/1/74	
33.	Chris Warner	Stutterer	Interview	Good		no	2/ 74
34.	Chad Pitts, 5	Lang. Delay EMR	Standard Test Battery	Good		yes	2/ 74
35.	John Girouard, 6	Visual, Motor Perception	Frostig, Hayworth Tests	Good		no	9/ 75
36.	Unidentified	Voice	Rainbow Passage	Snowy		no	
37.	JRB's Office		PICA				
38.	JRB's Office		PICA				
39.	JRB's Office		PICA				
40.	JRB's Office		PICA				
41.	Chris Russell, 4½	HOH, Possible MR	Autistic Therapy Session	Good	50m.	yes	3/ 75

APPENDIX B

FACULTY
Videotape Questionnaire

Tape Number_____ Name_____

Tape Subject_____ Class_____

Date_____ Course Classification_____

1. The VTR provided an opportunity for students to observe clinical procedures not ordinarily available for live observation.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

2. The activities presented in this videotape were relevant to the class discussions. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

3. The subject matter presented in the VTR was illustrated in a clear, concise manner. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

4. The discussion which followed the VTR showing indicated that the VTR clarified material or techniques previously presented in class.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

5. The filmed presentation of the case (or clinical procedure) promoted a better analysis, critique, or understanding that an on-the-spot observation would have. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

6. The subject matter presented in the VTR could be more effectively presented in a lecture. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

7. The discussion following the VTR showing demonstrated that students achieved greater insight into the problem (or technique) than they had obtained from class.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

8. An on-the-spot observation of the activity illustrated would have been more effective.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

9. Viewing this filmed presentation will have a constructive effect on the student's clinical competency.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

10. I recommend that this VTR be used in teaching this subject matter in the future. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

Videotape Questionnaire

Tape Number _____ Name _____

Tape Subject _____ Class _____

Date _____ Classification _____

1. The activities presented in this videotape were relevant to the class discussions.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

2. My background is adequate for a complete understanding of the videotape.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

3. I developed new ideas for clinical approaches as a result of seeing this videotape.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

4. The subject matter presented in the tape was illustrated in a clear, concise manner.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

5. As a result of seeing the videotape, I am better able to understand the reason for using the clinical procedures illustrated.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

6. After viewing the film I feel more competent in evaluating the effectiveness of clinical techniques.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

7. This videotape provided me with new insights into the practical application of my academic training.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

8. My own clinical techniques will not be changed appreciably as a result of having seen this videotape.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

9. The videotape answered questions which I had about the procedures illustrated in the film.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

10. As a result of viewing the tape, I will be more able to discuss the techniques shown with other professionals.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

11. As a result of viewing the tape, I realize I should have handled previous clinical situations differently.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

12. Viewing the tape will make me more objective in the application of the principles illustrated.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

13. Parental conferences relevant to the subject matter presented will be more productive as a result of seeing this videotape.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

14. The videotape helped me to be more objective in the evaluation of clinical techniques used by others.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

15. I recommend that this videotape be used in teaching this subject matter in the future.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

16. The subject matter presented in the film could be more effectively presented in a lecture.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

17. The videotape did not change any of my ideas regarding clinical practices.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

18. The techniques demonstrated were difficult to follow because they were not clearly illustrated.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

19. An on-the-spot observation of the activity illustrated would have been more effective.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

20. The videotape provided me with information which I might not have been able to acquire in any other manner.

Strongly Agree — Strongly Disagree
3 2 1 0 1 2 3

Videotape Questionnaire

Tape Number_____ Name_____

Tape Subject_____ Class_____

Date_____ Classification_____

1. My background is adequate for a complete understanding of the videotape.
Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

2. Further class discussion prior to viewing the videotape would have increased my understanding of the material presented.
Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

3. Previous homework assignments in the course contributed to my understanding of the videotape. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

4. The textbook used in the course helped make the material presented in the videotape more meaningful. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

5. I would have derived more benefit from the videotape if I had additional courses relevant to the subject presented.
Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

6. The activities presented in this videotape were relevant to the class discussions. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

7. I developed new ideas for clinical approaches as a result of seeing this videotape. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

8. The subject matter presented in the tape was illustrated in a clear, concise manner. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

9. As a result of seeing the videotape, I am better able to understand the reason for using the clinical procedures illustrated.
Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

10. After viewing the film I feel more competent in evaluating the effectiveness of clinical techniques. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

11. The VTR provided me with new insights into the practical application of of my academic training. Strongly Agree Strongly Disagree
1 2 3 4 5 6 7

12. My own clinical techniques will not be changed appreciabley as a result of having seen the VTR. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

13. The VTR answered questions which I had about the procedures illustrated in the film. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

14. As a result of viewing the tape, I will be more able to discuss the techniques shown with other professionals. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

15. As a result of viewing the tape, I realize I should have handled previous clinical situations differently. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

16. Viewing the tape will make me more objective in the application of the principles illustrated. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

17. Parental conferences relevant to the subject matter presented will be more productive as a result of seeing the VTR. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

18. The videotape helped me to be more objective in the evaluation of clinical techniques used by others. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

19. The techniques demonstrated were difficult to follow because they were not clearly illustrated. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

20. As a result of seeing this VTR, I have a desire to learn more about the subject presented. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

21. I recommend that this videotape be used in teaching this subject matter in the future. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

22. The subject matter presented in the film could be more effectively presented in a lecture. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

23. The videotape did not change any of my ideas regarding clinical procedure. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

24. An on-the-spot observation of the activity illustrated would have been more effective. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

25. The VTR provided me with information which I might not have been able to acquire in any other manner. Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

USL SPEECH AND HEARING CLINIC
Lafayette, Louisiana

TO: All graduates of the Speech Pathology/Audiology Program at the University of Southwestern Louisiana, 1974 and 1975.

FROM: Frances P. Billeaud, Director
Speech Pathology/Audiology Program

DATE: October 10, 1975

While you were a student at USL, the Speech Pathology/Audiology area was conducting a project funded by the EXXON Education Foundation to determine the contribution of the use of videotapes to the development of clinical skills among Speech Pathology and Audiology majors. We have now come to the end of that grant project and are asking you to help us with our final evaluation.

Will you please fill out the attached questionnaire and return it to me as soon as possible in the enclosed stamped, self-addressed envelope.

I hope that you are enjoying what you are doing right now, and I look forward to hearing from you or seeing you whenever you have time to drop a line or stop by the office. Thank you very much for helping us with the final evaluation.

FTB/ljp

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1. I was exposed to the use of videotapes during my (check all appropriate)

   Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ years at USL.

2. I would rate the use of videotapes to teach clinical skills as:(check one)

   Poor ___ Fair ___ Good ___ Excellent ___ Superior ___

   Comments:

GRADUATE'S COMMENTS

I feel that seeing an actual example on videotape of what had been talked about in class makes concepts more concrete to the student.

It is easier to see how you made a mistake in a therapy session rather than to reflect back and try to remember what you did.

I was also a coordinator of videotaping in my graduate studies at another university where they were used in student training. Many students commented to me there how much they aided them in learning therapeutic procedures.

I feel videotaping is very beneficial in the field of speech pathology. It is used extensively at Oklahoma University. I only wish we had been able to use it in evaluation of therapy procedures during my sophomore and junior years. I feel if I'd have watched some of my early therapy sessions instead of relying on supervisor's evaluations some of my mistakes might have been corrected earlier.

The videotape was used in several language courses during my last year at USL. It was an especially good self-evaluative tool and should have been used more frequently. If the videotape machine is incorporated to the maximum, I'm sure it would be necessary in all areas listed above.

I feel it would be good to demonstrate a skill, or technique; to allow for other professionals to teach the students; and for self-evaluation.

The videotapes were helpful. Students were able to see techniques which had been read (about). Students could stop the tapes, ask questions, and be answered without disturbing any therapy session.

Videotapes, in my opinion, should never replace live observation when the latter is possible. They should be used to provide as wide a spectrum of observations as possible, especially those communication disorders, techniques and evaluation procedures that are not often available for live observation.

I felt it was very beneficial to the undergraduates in exposing them to types of disorders and therapy techniques to use with them.

Since USL's observation rooms are small and space is inadequate, the use of videotaping provides an excellent way to help the clinician develop skills.

Sometimes an instructor tended to rely on the tape to do the teaching rather than using it as an aid, but particularly in the cerebral disorders class, I found it to be a definite advantage.

Videotaping allowed us to experience situations which we would ordinarily have been denied because of schedule conflicts, patient's reluctance to be observed by a live audience, etc., and allowed us indirect clinical practice. It is a worthwhile method and I feel that it should be continued if at all possible.

Videotapes are so valuable for running reliability checks. The therapist could record data of clients' responses during the session. Then other students could be asked to keep data of same sessions. This would help in training to clearly define "appropriate response." Tapes could also be very helpful during observational training.

It is especially useful in helping beginning students observe communicative disorders and therapeutic procedures.

Videotaping provides an excellent means of documentation. Many educational experiences occurred that I would have been unable to see if the USL Speech and Hearing Clinic did not have a videotape.

Using this videotaping procedure to teach clinical skills is one of the most effective teaching techniques I have experienced. The opportunity to view exceptional cases which would never be seen except through the use of videotaping is excellent.

I feel that videotaped diagnostic sessions were extremely educational and worthwhile. When an unusual or uncommon type of communication disorder is videotaped, it becomes usable for all the students not just the few student(s) (who) are present for live observation.

I feel that videotape can be adapted to almost all courses in our field. I don't think that it is extremely beneficial in the use of teaching test administration. A student must actually give a test to learn its administration procedures well. I feel videotape is more useful in critiques than teaching techniques. The latter requires experience.

The use of videotapes as a supplemental aid to teach clinical skills is valuable in that it allows the student to learn of his or her own clinical errors and accomplishments.

Obviously, a videotape recording library also provides recallable instances in the therapy session itself. This is the heart of the clinic idea in as much as the USL Speech and Hearing Clinic provides for in-therapy learning experience, evaluation procedures, testing, illustrating various communicative disorders.

Videotapes should have been used more effectively when I was in school rather than just a 'time consuming' device. (This graduate had 3-4 semesters of exposure.)

I found videotaping therapy sessions, techniques and procedures to be most helpful. It allows for immediate feedback to the clinicians, and is an easier method to evaluate techniques by supervisors. In addition to its educational value, I feel more videotaping equipment is needed to decrease the overload of faculty responsibilities (supervision).

I found it to be beneficial to the program. It helped others not in the field to see the work performed by speech pathologists. There needs to be more balance though. Too many tapes on certain disorders. Need at least two tapes per category of disorder.

Not only did the tapes show techniques for therapy and administration of tests, but also characteristics of the communicative disorder at hand. This helped to identify problem areas in our own cases.

Videotapes could be very useful in parent training. The value of videotapes when used as a teaching method provides the student a chance to visually evaluate his own ideas that have been explained in lecture, point out additional points and critique and make suggestions for improvement. A program without videotapes would be incomplete.

The videotapes are helpful in learning to do therapy techniques such as esophageal speech. There should be more use of this equipment in the classroom. I think these tapes should be used more often. It would be hlepful to demonstrate disorders in 318 (Introduction to Communicative Disorders), therapy techniques for clinical practicum, and what to look for in observations in (the introductory course in the clinical practicum sequence).

I think the videotape teaching technique is very valuable and the times I was exposed to it I found it very helpful.

The use of videotaping to teach clinical skills in graduate and undergraduate programs is, I feel, an excellent method not only for instruction in various clinical methods but also for evaluation of performance. Videotaping allows for the presentation of materials to large numbers of students which would otherwise be unable to observe test presentations and therapy. Furthermore, videotaping allows for more efficient evaluation of clinical skills due to playback facilities. Videotaping also allows for self-critiquing, providing for the most enlightening experience of viewing one's own performance.

APPENDIX C

FACULTY PERSONNEL
PARTICIPATING IN PROJECT

Frances P. Billeaud, M.A., Project Director

Kelmer D. Baxter, Ph.D.

Jean R. Boudreaux, Ph.D.

Kathryne B. Dreher, M.A.

Jimmy J. Guillory, M.A.

W. D. Perry, Ph.D.

Alex T. Romano, M.A.

Glenn Waguespack, M.A.

APPENDIX D

University of Southwestern Louisiana
Lafayette, Louisiana 70501

March 5, 1976

Mrs. Frances Billeaud, Director
USL Speech and Hearing Clinic
Campus

Dear Mrs. Billeaud:

Below is an accounting of expenditures from the Exxon Education Foundation Communicative Disorders Research Grant, R-765:

Personal Services	$1,501.00
Equipment, Materials & Supplies	5,189.86
Anticipated Expenditures for Supplies & Materials	619.14
TOTAL	$7,310.00

If there are any questions, or if we may be of further service to you, please contact me.

Sincerely,

Ovey Hargrave, Jr.
Business Manager and Comptroller

Paul R. Breaux

By: Paul R. Breaux
Accountant

PRB/jlt